Putting it Together!

Managing TPC Within Your Facility

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Overview

- Creating a Reimbursements Department
  - Combing MSA and TPC
  - The Hub Concept
  - Managing 100% patient contact
  - Back-Billing Program

Overview

- Aging Reports and EOBs…100% follow-up rate
- Pharmaceutical Preferred Provider Program

Combining MSA and TPC

Combining MSA and TPC

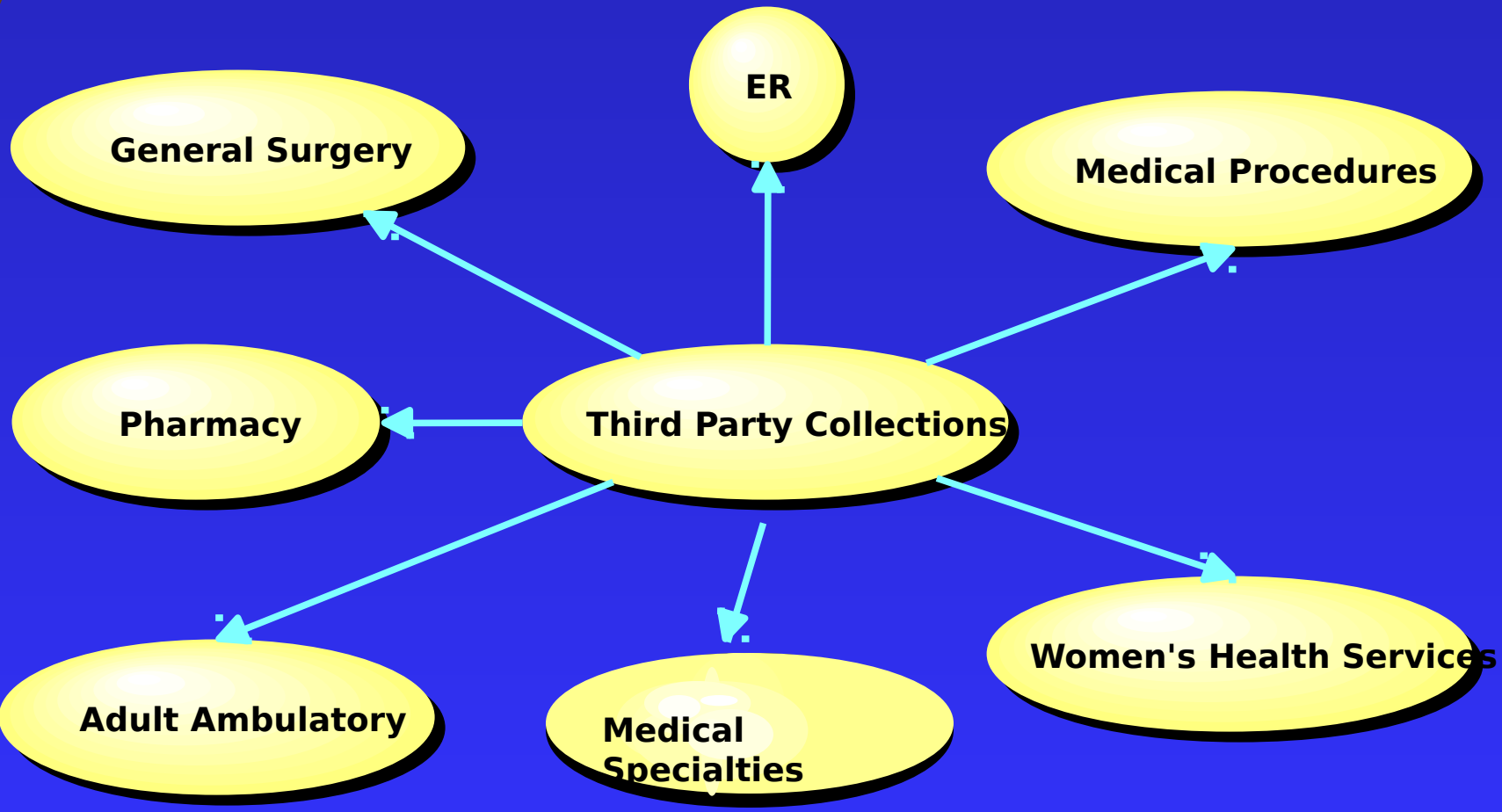
- Utilizing UBO concept, merging TPC and MSA...forming one department
- Ensures maximum collection of reimbursements
  - Consolidation of resources allows for maximize reimbursement efforts
  - Personnel pool
  - Communication is enhanced between the two functions, resulting in timelier billing/collections

TPC HUB Concept

Hub Concept

- Each clerk is responsible for a set number of clinics known as a HUB
- Each clinic within the HUB is either functionally or geographically related
- Clerks are physically located in the clinics with the highest collection potential

TPC HUB Concept



Hub Concept (cont)

- Provide clinics with daily operational reports identifying all patients requiring insurance information
- Compare billed and billable patients at the end of the business day against the End of Day (EOD) reports

"Hub Concept" (cont)

- Clerks are visible and available through the facility; focusing on customer service for staff and patients
- Results in the most efficient use of personnel and maximum collection effort

Back-Billing Program

Back-Billing Program

- Uses Adhoc and Patient Past Appointment reports to identify patient encounters not billed on day of service
  - Reports are cross-referenced against TPOCS to identify billable encounters not already billed
  - Outpatient records are retrieved and bills produced for eligible encounters
  - All visits are billed within 30 days of identification

Aging Report and EOBs

- Aging Report identifies delinquent claims
- EOB = Explanation of Benefits
- Working these two areas together allows minimal amount of time to be spent with maximum results

Aging Report and EOBs

- Aggressively work EOBs upon receipt, claims are closed-out, and follow-ups accomplished
- Ability to pull reports from TPOCS to use as a Sub to the aging report
  - Makes prioritizing easier

Pharmaceutical Preferred Provider Program

- This program if fully implemented can double your current annual pharmaceutical collects
- Identify individual insurance companies and pharmacy contractors that only recognize Preferred Providers
  - As a Non-PPO or out-of-network facility claims will be denied or reduced

Pharmaceutical Preferred Provider Program (cont)

- Achieving PPO status
  - Submit application to individual insurance companies to qualify as a PPO
  - Work with the legal department to request waivers for licenses (not required for federal facilities) and all other legal issues

Get Wired!

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Overview

- Utilizing resources to improve efficiency
  - Operational Reports
  - ADHOC Reports
  - Electronic Billing

Operational Reports

- By clinic codes
- End of Day (EOD) reports

ADHOC Reports

- Back-Billing reports
- Aging reports
- ADHOC reports for pharmacy

Electronic Billing

- Allows us to file 100s of paperless claims
  - Reduces the processing time of claims by the insurance companies
  - Provides a faster rate of return on claims billed
  - Saves man-hours… bills are not broken down and prepared for mailing
  - Saves money … reduces cost of mailing and the cost of insurance claim forms

Electronic Billing

- Working with systems and TPOCS
- Quick claim return

Ideas to improve your Reimbursements Department

- **RECOMMENDATION: Squadron commanders direct flight commanders and element leaders to ensure involvement with the program**
- **Without specific and recurring support from command structure this program will not achieve its potential**

QUESTIONS?